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FORM B10 (Official Form 10) (04/04)	PROOF OF CLAIM					
UNITED STATES BANKRUPTCY COURT DISTRICT OF IDAHO (BOISE)	111001 01 02					
Name of Debtor	Case Number					
Katherine L Yocom	04-01883					
NOTE: This form should not be used to make a claim for the commencement of the case. A "request" for payment of a	11 11 22 5 1 6 20 11 55 1 6 2 0 11 10 11 11 11 11 11 11 11 11 11 11 11					
pursuant to 11 U.S.C. \$503. Name of Creditor (The person or other entity to whom the debtor	☐ Check box if you are aware that					
owes money or recognition	anyone else has filed a proof of	G4-01883				
owes money or manufacture of the person or other entity to which the debtor owes money or manufacture of the person of other entity to which the debtor owes money or manufacture of the person of other entity to which the debtor owes money or manufacture of the person of other entity to which the debtor owes money or manufacture of the person of other entity to which the debtor owes money or manufacture of the person of other entity to which the debtor owes money or manufacture of the person of other entity to which the debtor owes money or manufacture of the person of other entity to which the debtor owes money or manufacture of the person of other entity to which the debtor owes money or manufacture of the person of the	claim relating to your claim. Attach	NE L'ANGUARIA REPUBLICA NE LA LA LA LA REPUBLICA EL REPUB				
	copy of statement giving particulars.					
Name and Address where notices should be sent:	Check box if you have never received any notices from the	2369269				
HEAlth South TREASURE Uplley Hospital	bankruptcy court in this case.					
8800 W Emerald Boise, ID 83704-8205	Check box if the address differs					
BOISE, 1D 83704-8203	from the address on the envelope					
	sent to you by the court.					
2-1/272 8-000		THIS SPACE IS FOR COURT USE ONLY				
Telephone Number: 208 373 - 5000		<u></u>				
Account or other number by which creditor identifies debtor:	Check here if replaces this claim amends a previously	filed claim, dated:				
1. Basis for Claim	- N	3 8111 <i>4</i> /a)				
Goods sold	Retiree benefits as defined in 11 U.S.C. Wages, salaries, and compensation (fil	., 91114(a) I out below)				
SK Services performed Money loaned	Last four digits of SS #:					
Personal injury/wrongful death	Unpaid compensation for services performed					
☐ Taxes	from 6/6/03 to 6/6	703				
☐ Other	(daté) (date)					
2. Date debt was incurred: 6/6/03	3. If court judgment, date obtained:					
100 m						
4. Total Amount of Claim at Time Case Filed: \$ 63.82	- A contact of the co	('Potral')				
(unsecured)	(secured) (priority)	(Total)				
(unsecured) If all or part of your claim is secured or entitled to priority, also	complete Item 5 or 7 below.					
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if all or part of your claim is secured or entitled to priority, also Check this box if claim includes interest or other charges in addinterest or additional charges. 5. Secured Claim. Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: Real Estate Motor Vehicle Other Value of Collateral: Amount of arrearage and other charges at time case filed included in secured claim, if any: Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority. 8. Credits: The amount of all payments on this claim has been making this proof of claim. 9. Supporting Documents: Auach copies of supporting documents are voluntly and evidence of perfection of lien. DO NOT Secured Copy: To receive an acknowledgment stamped, self-addressed envelope and copy of this proof of claim. Date Sign and print the name and title, if any, of the credits are not available, explain.	To complete Item 5 or 7 below. Intion to the principal amount of the claim. 7. Unsecured Priority Claim. Check this box if you have an unsecure Amount entitled to priority \$ Specify the priority of the claim: Wages, salaries, or commissions (up to before filing of the bankruptcy petition business, whichever is earlier - 11 U.S. Contributions to an employee benefit purplete \$2,225* of deposits toward pure services for personal, family, or housed Alimony, maintenance, or support owe child - 11 U.S.C. § 507(a)(7). Taxes or penalties owed to governmen Other - Specify applicable paragraph of *Amounts are subject to adjustment on 4 with respect to cases commenced on or credited and deducted for the purpose of ments, such as promissory notes, purchase eacts, court judgments, mortgages, security SEND ORIGINAL DOCUMENTS. If the minous, attach a summary. It of the filing of your claim, enclose a file of the person authorized to file	Attach itemized statement of all ad priority claim \$4,925),* earned within 90 days to ressation of the debtor's C. § 507(a)(3). Solan - 11 U.S.C. § 507(a)(4). Shase, lease, or rental of property or hold use - 11 U.S.C. § 507(a)(6). At to a spouse, former spouse, or tal units - 11 U.S.C. § 507(a)(8). If 11 U.S.C. § 507(a)(). If 07 and every 3 years thereafter rafter the date of adjustment.				

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